



2004 Excellence in Practice Award Nomination Cover Sheet

Due Date: November 14, 2003 (Please TYPE or PRINT clearly.)

Title of practice and responsible educational organization (or Partner) **being nominated:**

Mailing Address (Organization): _____

Career Initiative Region: _____

Career Initiative Coordinator Signature: _____

Printed Name: _____ Date Signed: _____

Signature of EAG Chair, indicating review and endorsement:

_____ Date Signed: _____

Printed Name: _____ EAG Region Name: _____

Content Contact Person: _____ Phone: _____

Title/Position: _____ Fax: _____

Mailing Address: _____

E-mail Address: _____ Best time to reach you: _____

Career Initiative Coordinator must sign this cover sheet and send
ONE ORIGINAL AND FOUR COPIES of each nomination to:

Ms. Donna Beltz
Office of Career and Technical Preparation
Michigan Department of Career Development
201 N. Washington Square, 2nd Floor
Lansing, Michigan 48913